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27717 7590 10/13/2004

SEYFARTH SHAW
55 EAST MONROE STREET
SUITE 4200
CHICAGO, IL 60603-5803

01/05/2005 HGUTEMA2 00000066 10645169

01 FC:2501 700.00 OP
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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

<i>Christine M. Pavlyk</i>		(Depositor's name)
<i>Christine M. Pavlyk</i>		(Signature)
		12/29/04
		(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/645,169	08/19/2003	Chul-Ju Hwang	TJK/408	7621

TITLE OF INVENTION: ATOMIC LAYER DEPOSITION METHOD AND SEMICONDUCTOR DEVICE FABRICATING APPARATUS HAVING ROTATABLE GAS INJECTORS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$685	\$300	\$985	01/13/2005
EXAMINER		ART UNIT	CLASS-SUBCLASS		
CHEN, BRET P		1762	427-248100		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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1 Timothy J Keefer
 2 Reg No 35,567
 3 Seyfarth Shaw LLP

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Justing Engineering Co., Ltd

Kyonggi-do, Republic of Korea

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

Issue Fee
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 Advance Order - # of Copies 4 four

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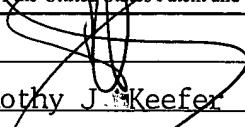
A check in the amount of the fee(s) is enclosed.
 Payment by credit card. Form PTO-2038 is attached.
 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 191351 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature 

Date 12/29/04

Typed or printed name Timothy J. Keefer

Registration No. 35,567

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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TJK/408

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of :)
HWANG) ATOMIC LAYER DEPOSITION
Application No. 10/645,169) METHOD AND
Application Filing Date: 08/19/2003) SEMICONDUCTOR DEVICE
) FABRICATING APPARATUS
) HAVING ROTATABLE GAS
) INJECTORS

TRANSMITTAL LETTER

Commissioner for Patents
P.O. Box 1450
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Dear Sir:

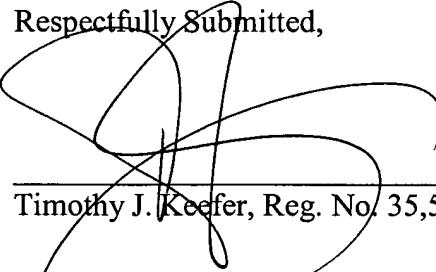
Please find enclosed the following in the above-captioned patent application:

1. Part B – Fee(s) Transmittal in duplicate; and
2. A check in the amount of \$1012.00 in payment of the issue fee, publication fee and soft copy fee.

Please charge any additional fees to Deposit Account No. 19-1351. A duplicate of this transmittal is enclosed.

Please acknowledge receipt of the above by returning the enclosed self-addressed, stamped postcard.

Respectfully Submitted,


Timothy J. Keefer, Reg. No. 35,567

Date: 12/29/04

SEYFARTH SHAW LLP
55 East Monroe Street
Suite 4200
Chicago, Illinois 60603-5803
Telephone: (312) 346-8000
Facsimile: (312) 269-8869

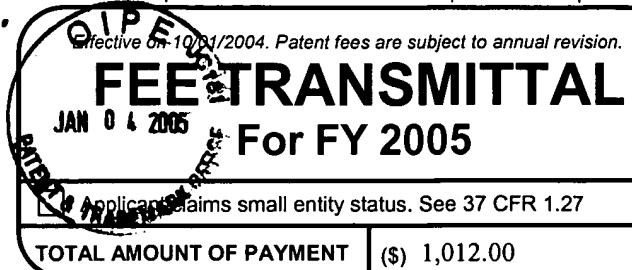
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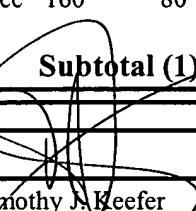
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 FEETRANSMITTAL JAN 04 2005 For FY 2005		Complete if Known	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number 10/645,169 Filing Date 08/19/2003 First Named Inventor HWANG Examiner Name Art Unit Attorney Docket No. TJK/408	
TOTAL AMOUNT OF PAYMENT (\$ 1,012.00)			

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Deposit Account <input type="checkbox"/> None Deposit Account Number 19-1351 Deposit Account Name Seyfarth Shaw LLP		2. EXTRA CLAIM Fee Description Each claim over 20 18 9 Each independent claim over 3 88 44 Multiple dependent claims 300 150 For Reissues, each claim over 20 and more than in the original patent 18 9 For Reissues, each independent claim more than in the original patent 88 44 Total Claims Extra Claims Fee (\$) Fee Paid (\$) 2 - 20 or HP = _____ X _____ HP = highest number of total claims paid for, if greater than 20	
The Director is hereby authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Credit any overpayments to the above-identified deposit account.		Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) 2 - 3 or HP = _____ X _____ HP = highest number of independent claims paid for, if greater than 3 Multiple Dependent Claims Fee (\$) Fee Paid (\$) Subtotal (2) \$ 0	
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FEE CALCULATION			
1. BASIC FILING FEE			
Fee Description Small Entity Fee (\$) Fee Paid(\$)			
Utility Filing Fee 790 395 _____			
Design Filing Fee 350 175 _____			
Plant Filing Fee 550 275 _____			
Reissue Filing Fee 790 395 _____			
Provisional Filing Fee 160 80 _____			
Subtotal (1) \$ 1012.00			

SUBMITTED BY			
Signature 		Registration No. 35,567 (Attorney/Agent) Telephone (312) 346-8000	
Name (Print/Type) Timothy J. Keefer		Date 12/29/04	

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